For the reporting period ending December 31, | 2012 |

Annual Compliance Certification Report

Regulation 1138 – Section 17

	Emission Standards for	Area Source Prepared Feeds Manufacturing Facilities			
[1]	Name of the facility: Chiclets M	fill and Feed Company			
[2]	Physical location – Street Address:	123 Michael Road			
	City, State, Zip Code:	New Castle, DE 19720			
[3]	Name of Owner or Operator: H. I	David Sanders			
[4]	for existing affected sources and if the exceed 50 tons per day for the first to The owner or operator shall certify March 1 of the year following the round of the owner or operator shall prepare following the reporting period. Substitute a deviation occurred during the results.	eporting period under 17.8.3, 17.8.4, or 17.8.5 <u>and/or</u> if the ADFPL during the			
	then	er day for the first time since the initial ADFPL was determined under 17.8.6, em 5 of this report and resume completion of the "Annual Compliance Certification			
[5]					
	Title/Position:	Telephone No:			
	Email Address:				
	Printed Name:				
[6]	If the average daily feed production level (ADFPL) for the reporting period exceeded 50 tons per day for the first time since the initial ADFPL was determined, the owner or operator shall provide the average daily feed production level for the reporting period in the space provided below. Average daily feed production level for the reporting period: 55 Tons per day				
[7]	 the reporting period. Yes X No No If the owner or operator placed the "X" in the No box (i.e. no deviations occurred), the owner or operator shall certify this report by completing Item 8 and shall submit this report to the agencies in Item 11 no later than March 1 of the year following the reporting period. Items 9 and 10 of this report can be skipped. If the owner or operator placed the "X" in the Yes box (i.e. a deviation occurred), the owner or operator shall skip Item 8 and resume completion of the "Annual Compliance Certification Report" beginning with Item 9 on page 2. 				
[8]	 I certify that there were no deviations of any management practice and standard under 17.8.3 or deviations from proper operation under 17.8.4 or 17.8.5, as applicable. I certify that all the statements and information contained in this report are true, accurate, and complete. 				
	Signature:	Date : []			
	Title/Position:	Telephone No:			
	Email Address:				
	Printed Name:				

For the reporting period ending December 31, 2012

Annual Compliance Certification Report

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Emission Standards for Area Source Prepared Feeds Manufacturing Facilities

List all deviations that occurred under 17.8.3, 17.8.4, and 17.8.5 of Section 17 during the reporting period. Identify the [9] affected source, provide the beginning and end dates of each deviation, and provide a brief description of the deviation and the corrective actions taken.

	are required, continue on the addition	al sheet (provided) and a	ttach to this report.		
Affected source	Deviation Sta	art Date <u>D</u>	eviation End Date		
Cyclone (CY-2)	September 30	, 2012] [O	ctober 15, 2012		
Description of Deviation On Oct. 14, the facility realized the third because the maintenance scheduler had		ot. 15, 2012) of cyclone (CY-2) had not been conducted		
Corrective Actions Taken On Oct. 14, maintenance scheduled a sh was completed. In addition, the facility maintenance supervisor prior to future s	revised the maintenance scheduling pr	rogram to automatically	generate a report to the		
Affected source	Deviation Sta	art Date De	eviation End Date		
Cyclone (CY-2)	October 23, 2	012 [ctober 24, 2012		
Description of Deviation During the Oct. 23 daily monitoring of the lower established proper operating varieties. Corrective Actions Taken The drop in pressure drop was a result of side; internal abrasion was the cause of	of the failure of the flexible connector of the failure. Maintenance staff affected	petween the outlet of the	cyclone and ducting on the fan e time and a replacement of the		
flexible connection was installed on CY					
Affected source	Deviation Sta	art Date D	eviation End Date		
Cyclone (CY-2)	December 10.	2012] [De	ecember 15, 2012		
Description of Deviation On Dec. 13, the mill manager identified Further investigation indicated there wa Corrective Actions Taken The cause of the leak was a blown gask gasket on Dec. 15. Management met w and action when operating problems occ	s a leaking flange in the overhead tran et. Maintenance staff affected a tempo ith operating and maintenance personn	sfer line. The leak was in the start was	the time and replaced the for improved communications		
and action when operating problems occur to reduce personnel exposure, pollution emissions, and loss of the mill's products. [10] I certify that all the statements and information contained in this notification are true, accurate, and complete.					
Signature: 4. David Sauce	1	Date :			
1					
Title/Position: Plant Manager		Telephone No:	302.555.9984		
Email Address: HDSANDERS@CHICLETS.COM					
Printed Name: H. David Sanders					
	ontrol	g the reporting period.			
Blue Hen Corporate Cent 655 S. Bay Road, Suite 5	ter	Director, Air Protect 1650 Arch Street Philadalphia PA 1	ction Division		

Philadelphia, PA 19103

Dover, DE 19901